| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | 𝐿𝑇 | | 2-10-00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

*Best Available Copy*

## INDEX OF CLAIMS

✔ ............................... Rejected
= ............................... Allowed
– (Through numeral)... Canceled
÷ ............................... Restricted

N ............................... Non-elected
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| Claim | | Date | | | | | | |
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| Final | Original | 6/25/01 | 12/5/01 | 5/10/02 | 10/31/02 | 4/25/03 | 12/5/03 | |
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If more than 150 claims or 10 actions
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